UNFADING INK-THIS IS PLAINLY, WITH

WRITE

N. B.

V. S. No. 1.

RECORD

PHYSICIANS should state of OCCUPATION is very may be properly classified. Exact statement EXACTLY. AGE See Instructions on back of certificate. DEATH in plain terms, so that it should be of information OF CAUSE OF Important. 1 PLACE OF DEATH



State Newbertalow

Ilf death occorred in

FULL NAME Naviet Se	2 nospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale White (Write the word)	16 DATE OF DEATH PLELY 79, 1912 (Year)
** DATE OF BIRTH **Jesses** 1	that I last ssw h. ex alive on
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Pennsylvania	Contributory Chance Sale + Seits of Secondary Rephase (Duration) Harries and R. de
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) Light Mans 1. ds. (Signed) (Address) Light Mans 1. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Var parallel Records	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death / yrs. // mos. // ds. State lysskumas // ds Where was disease contracted, lift not at place of death? Former or
(Address) Lepkerseile Ned. 16 Filed 7/8/ 1914 W.W. Registran If more hlanks are needed, address State Registran	USUAL TOSIGENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOCAL DESCRIPTION ADDRESS WWW. Courtsour Lacy Grandin St., Balto., Requesting V. S. No. 1.



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

RECORD

1 PLACE OF DEATH	6680
County Carroll	0000
County County	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 74

Village or City Lykesville	(No. fringfield Hospital St; Ward)
	· T

[If death occurred in a hospital or Institution,

FULL NAME and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female White (Write the word)	Month) (Day (Year)		
6 DATE OF BIRTH Unknown , 1861 (Month) (Day (Year)	Teb. 25 1908, to July 162, 1914, that I last saw h. W. alive on July 164, 1914		
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at		
(a) Trade, profession, or Dressmaker particular kind of work.	Ehrone Interstiteat Hephritis		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 5 yrs. — mos ds.		
9 BIRTHPLACE (State or country) M. d	Contributory. Secondary		
On the state of th	(Signed) John Worfolk Morris M. D. July 16th, 1914 (Address) S. Hop Lz Kesville Med		
11 BIRTHPLACE OF FATHER (State or country) Surmany 12 MAIDEN NAME OF MOTHER Sophica Mary Doensin	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Sumany.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death		
(Informant) Miss Mary Roch (Dister)	it not at place of death? Former or usual residence Back City Md		
(Address)	Dalterwore at Julies, 1914. 20 HNDERTAKER ADDRESS JAN DE HOLEN		
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For vio-LENT DEATHS STATE MEANS OF INJUBY and qualify as cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



V. S. No. 1.

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS A PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH In plain terms, se WRITE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death accurred la

FULL NAME John Br	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Start 5 single, MARRIED, WIDOWED, ORDINARCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREPY CERTIFY, Thet I attended deceased from
a DATE OF BIRTH July 6, 19/9 (Nonth) (Day (Year)	that/I last saw bar alive on 1914.
TAGE Still Bases It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.	July Borns
(b) Ganeral nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF MOUNT FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) E
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MOTHER 14 MOTHER 15 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS INVENOVIEDED	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant)	It not at place of death?————————————————————————————————————
16 Filed 7/16/14, 181 Leslia Rubb	Bank Stell Green, July 16, 191 4
THEO THE PROPERTY AREGISTRAN	Frank Johnney Men Brid

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercubrospinal meningitis"); Diphtheria (avoid use of CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> mia," "Puerferal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



7. S. No. 1.

PLACE OF DEATH 6682	10 93 STATE OF MARYLAND
County, Carroll	CERTIFICATE OF DEATH
40 /	Registration Dist. No.
Village or City Kes/Much (No. (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME George Car	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
noll Colored (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, 191,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at \$ 20 pm,
	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Frade, protession, or	Pistol Nhot Tuterul Henryhage
particular kind of work	Homicidal
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration) yrsmosds.
State or country) arrullee Mid	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Steven Caire	(Signed) Olivery Stowart, M. O.
11 BIRTHPLACE OF FATHER (State or country) arroll be mad	Justing 29 to 191/4 (Address) Walnuster Med
DE 12 MAIDEN NAME OF MOTHER C. S. M. LINI Brooks	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE Free R. Co Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Baylus Boyer	If not at place of death?————————————————————————————————————
(Address) Westminster	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 27 1914 Edvin H. Slering	20 UNDERTAKER ADDRESS
REGISTRAR	James M. Stones Machinister
If more blanks are needed, address State Registral	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEEAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.] cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



county Carroll 6683	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Nestminster (No. M.) 2 FULL NAME John J.	Cair St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married Wilsowed, Married (Write the word)	16 DATE OF DEATH July 14 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH NOV. (Month) (Day) (Year)	2 May 12 , 1914 to July 10 , 1914
7/ 8 mos. ds: OR mio.	The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employer)	Contributory the art from (Secondary) The art from (Secondary)
10 NAME OF FATHER Lavid Cassell 11 BIRTHPLACE OFFATHER C (State or country) Consoll Co	(Signed) Sas H. Dilling & Common M. D. 191 (Address) Was furnile 211d.
12 MAIDEN NAME OF MOTHER M Wry Schweiger 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place B the
OF MOTHER (State or country) & dryll 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Aland ymas	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If oot at piace of death? Former or usual residence
(Address) Westment Mcl Filegraly-122, 1914 Edmin Slering REGISTRAR	19 place of Burial or REMOVAL DATE OF BONNESS Cassells cernetary 7/12, 1914 20 UNDERTAKER ADDRESS History News 15
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "PUERPERAL septichaecause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "AB-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 da; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _______ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUINEVED BUINEVER

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 74

(No. Springfull State From St; C Ward)

[If death occurred in a hospital or lostitution,

FULL NAME Edward a Ch	give its NAME Instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH (Moyth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 2006 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 1913, to July 31, 1914. that I last ssw h kin alive on July 31, 1914.
7 AGE 11 LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 9 45 4 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Bronely meumonia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Efishery Secondary
10 NAME OF FATHER Philip Christ 11 BIRTHPLACE OF FATHER (State or country) Many Land	(Signed) (Doration) yrs mos ds. (Signed) January M. D. July 3 191 4 (Address) Ly flexible *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 13 EIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 7 yrs. 7 mos 2 ds. State
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) I festory Spring field Grapeter)	Where was disease contracted, If not at place of death? Former or usual residence. Balling Inc.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



2

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." lnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "," "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of Never report For Vio-



Village or City Meshmuster (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution,
* PULL NAME John H. Col	ary give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while Single, Married, Willie the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Mar 20 1888 (Month) (Day) (Year)	that I last saw h live on July 18 , 1914
TAGE 26 yrs. mos. 29 ds. or. mio.?	The CAUSE OF DETH* was as I llows:
(a) Frade, profession, or alberrer parficular kind of work	process of Amail Culistine
(b) General nature of industry, husiness, or establishment in which employed (or employer) BIRTHPLACE (State or country) wroll bo Mol	Contributory Typhois Teven (Secondary)
10 NAME OF John Clary	(Signed) yrs mos 2 0 ds. (Signed) Yrs mos 2 0 ds. (Signed) Yrs mos 2 0 ds. N. D. Puly 7 0, 191 4 (Address) (Reducester) Uni
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Orroll led Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo fhe of death yrs. mos. ds. Sfafe yrs, mos. ds. Where was disease confracted,
(Informant) John Clary	If not at place of death? Former or usual residence.
Filed July 21, 1914 Edvin H. Shrives REGISTRAR	19 PLACE OF BORIAL ON DEMOVAL PATE OF BURIAL 20 UNDERTANERY ADDRESS AUTO A STORY OF THE STORY
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914 BUREAU, V.S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

/	1 PLACE OF DEATH	6686
Cour	nty Carroll	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Sy Res	velle (No	Shring feeles	State Hopes 13	-Ward)
	(110)		/	- II al a j

Ilt death occurred to

VIII	2FULL NAME Hardy & Cids	give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	aule Acolor or race Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	DATE OF DEATH July 28 , 1914 Mouth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	Denhum 1885- (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from July 28, 1914, to July 28, 1914, that I last saw h him alive on July 28, 1914
TAG	29 yrs mos ds. 11 LESS than t day,hrs.	and that death occurred on the date stated above, at 4154 m, The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION) Trade, profession, or ritcular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	Efelepsy (Duration) 21318 houses 08.
9 8	RTHPLACE (State or country) Montgomery Co Ind	Gontributory Secondary (Duration) yrs mos ds.
TS	11 BIRTHPLACE	(Signed) Jack D. Herrelton, W. O. July 28, 1914 (Address) Sy Treample med
(State or country) Mintenney Co Ind		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
а.	13 BIRTHPLACE OF MOTHER (State or country) Montgomery to hid	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos ds
14 T	Interment) History Spring field Sta & Trops	Where was disease contracted, If not at place of death? Former or usual residence.
16 File	(Address)	19 PLACE OF BURIAL OR REMOVAL THAT DATE OF BURIAL Florest Glen Montichy of July 30, 191 & 20 UNDERTAKER ADDRESS AND REMOVAL THAT DATE OF BURIAL ADDRESS ADDRESS AND REMOVAL THAT DATE OF BURIAL ADDRESS AND REMOVAL THAT DATE OF BURIAL ADDRESS ADDRESS
		trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

N. B.



REVISED UNITED STATES STANDARD [Approved by U. S. Census and American Public Health CERTIFICATE OF DEATH

Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

icsis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cercterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> childbirth or miscarriage as "Puerperal septichae-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



No.

B ż

	PLACE OF DEATH OUNTY Canoll 5687	STATE OF MA
	ounty 2000	Register
v	Village or City Sykienthe (No	St; Ward
	FULL NAME May Jane Gook	, ,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Manied WIDOWED, ORDIVORCEO (Write the word)	(Month) 17 I HEREBY CERTIFY, That I
8 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw has allye on July
7 A		and that death occurred on the date stated The CAUSE OF DEATH* was as follows:
(b) bus wh	rticular kind of work General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Many Canal	(Duration) Contributory Chique Way (Secondary) withat Insufficiency (Duration)
ARENTS	10 NAME OF FATHER MONEY Pheusbollow 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) E D Conceptual (Address) With State the DISEASE CAUSING DEATH, OR, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country) Ornich Uslianus Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place In the of death
	(Informant) Address Appleasable Treel	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURNAL OR REMOVAL Utuli Locke Removal
FII	led. July 17, 1914 Michael Glenna REGISTRAR	Franklin St., Balto, Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St;Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL (CERTIFICATE O	OF DEATH	
16 DATE OF DEATH	July (Month)	/6	, 1916
17 HEREBY	CERTIFY, That	I attended de	ceased fro
that I last saw h sa ally	H., to Jan	f 16	1914
		_	,
and that death occurred on	the date state	d above, at	-30 P
The CAUSE OF DEATH* w	as as follows:		
Uren	me Cor	na	
		•••••••••••••	
***************************************	*************************	\$990daaaaaaaaaaa	
	(Duration)	yrs	10s3
(Secondary)	1		with
Withel Susuffein	D Gration)	yrsr	
July 16 , 1914 (Ad			anoll
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE	SING DEATH, OR, OF INJURY; and DAL.	d deaths from	n Violen
18 LENGTH OF RESIDENCE	FOR HOSPITALS	. INSTITUTIONS,	TRANSIEN
OR RECENT RESIDENTS) At place	In the		
of death yrs mos		yrs	mos
Where was disease contracted,			
If not at place of death?		***************************************	
Former or usual residence			
19 PLACE OF BURNAL OR I	PENOVAL.	DATE OF B	10.00
White Rock	Courley	July 7	92, 191,
20 UNDERTAKER	111 2	ADDRESS	- 10

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medicai Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ample: Meastes (disease causing death), 29 da.; which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of The contributory (secondary or Intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

Village or Gity Hours Will (No.

6688



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 74

S		W	25	41

fif death occurred la a hospital or institution, give its NAME instead

²FULL	NAME Dote	ey (Sti	ll-Born

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Windowed, ORDIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY. That I attended deceived and that desth occurred on the date stated above, at 17 AGE 18 LESS than 1 day, hrs.	
MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended decent (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at	
TAGE THEREST CERTIFY, Inst I attended december 191 to 191 to 191 that I last saw h alive on and that death occurred on the date stated above, at 191 to 191 that I last saw h alive on 19	(Year)
TAGE Su, 191 to that I last saw h alive on and that desth occurred on the date stated above, at	sed from
and that desth occurred on the date stated above, at	
The CAUSE OF DEATH* was as follows:	m,
© OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	ds.
Secondary Contributory Secondary Duration Proceedings Contributory Secondary Contributory Secondary Secondary Most and the secondary Secondary	ds.
Signed) (Signed)	, M. D.
*State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Indury; and (2) whether	VIOLENT ACCIDEN-
of Mother Galile	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Where was disease contracted, If not at place of death? Former or Usual residence	Annual Wa
(Address) Toods will ful 19 PLACE OF BURIAL OR REMOVAL DATE OF BUR 15 Lyce of Burial or Removal bully 12	1AL ., 191 4
Filed 7/10 1914 W.W. REGISTRAR 20 UNDERTAKER ADDRESS ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1	med.



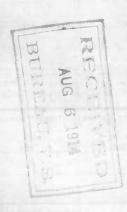
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia fever (the only definite synonym is "Epidemic cercterm for the same disease. Examples: Ccrebrospinal "Croup";) brospiual meningitis"); Diphtheria time and causation), using always the same accepted causing death (the primary affection with respect to ("Pncumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid (avoid use

> cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the Americau Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied. If this certificate is looked over thoroughly and all ques-



/	PLACE OF DEATH 6689	CERTIFICATE OF DEATH
Co	ounty Correct	9.2
V	illage or City Mt. airy (No. Sarr	Registered No. [If death occurred in a hospital or institution, give its NAME lostead
	FULL NAME Starley Du	ef street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 8 8	Male white single or the word) 4 COLOR OR RACE MARRIED. Single or the word of the word o	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (Month) (Day) (Year)	May 28, 1914, to July 25, 1914, that I last saw his alive on July 28, 1914
7 AC	Tree 3 mos. 2 8 ds. 0R min. ?	and that death occurred on the date stated above, at 9, 5 a.m., The GAUSE OF DEATH* was as follows:
(a) pai (b)	CCUPATION) Trade, profession, er ricular kind of work General nature of industry, iness, or establishment to	(Duration) yrs mes 5 ds
Whi	ch employed (or employer) IRTHPLACE tate or country) Baltimore to	Gontributory acute intestinal intercettion (Secondary) (Berondary) (Berotlon) yrs mos / ds.
S	10 NAME OF FATHER WILLIAM	(Signed) Walter Sold la Thedrel 81, 70
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs, 2,mos,ds. Stateyrs, 3,mos, 2.8ds. Where was disease contracted,
	(Informant) A CLAR MAN	if not at place of death?
15 FI	(Address) Larut Haspital Minary	Mt. airy. Hospital grounds July & 2., 1814 Perident physician & Murses at
	If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: (6)

Statement of cause of death—Name, first, the hiskable causing death—Inflation with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpreral septichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) Accidental drowning; Struck by railroay train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



RECORD	Atement of OCCUP.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	iled. AGE should be stated EXA be properly classified. Exact st
WRITE PLAINLY, WITH	N.B.—Every item of information should be carefully supported CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

SICIANS should state

3 SEX

TAGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work. (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF

of FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

(Address) ...

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PA

4 COLOR OR RACE

which employed (or employer)

405 n.

,	
390 (JU)	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	Registration Dist. No. 74
e (No brings	select Hopetal St.; Ward) [if death occurred in
0.5.00	Ads a hospital or institution, give its NAME instead of street and number.]
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 BINGLE, MARRIED, Stidour	16 DATE OF DEATH July 184 1914
ORDIVORCED (Write the word)	(Year)
, , , , , , , , , , , , , , , , , , , ,	I hEREBY CERTIFY. That I attended deceased from
244 1838	ang. 5 = 1910 10 July 8 - 1914,
(Day (Year)	that I last saw h. L. alive on July 1811 1914
If LESS than	and that death occurred on the date stated above, at 4.30 Pm.
d dow here	The CAUSE OF DEATH* was as follows:
os 23 ds. OR min.?	Chroni Valoul at Heart breese
	January Read Political
<u> </u>	& Chrowo Reporter
	about.
	(Duration) & yrsds.
•	Contributory
ma	Secondary
	(Duration) yrs mos ds.
on Hawkins	(Signed) from 107 for 1000 N.D.
	July 18th, 1914 (Address) 55 / Hosp Da Sispelle had
annia C	
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Fradshaw	
•	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTA) Af place In the Unfavor
guna	of death yrs. mos. 3 ds. State yrs mos de
OF MY KNOWLEDGE	Where was disease contracted, Ballo City Ind
wen	Former or 7 1 0 4
1 0 11	usual residence. Dallo. Cry -
houn It balts.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Warrieton W. July 17, 1916
VRiller	20 UNDERTAKER ADDRESS
eal REGISTRAR	Jas / E Worn Buttoning

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



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7. B. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Village or City Lew Windson.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Launus St.; Ward) Launus St.; Ward) Launus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Market Widower, Wilder the word) B DATE OF BIRTH March 22, 1853 (Month) (Day) (Year) TAGE If LESS than	16 DATE OF DEATH July (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from July To 1914, to July that I last saw how alive on July and that death occurred on the date stated above, at J. 300, m.
Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Clubral Himouslage (Duration) yrs. mos. ds.
OF FATHER OF COUNTRY) Courroll 10 NAME OF THE MEDICAL HOUSE 11 BIRTHPLACE OF FATHER (State or country) Courroll 12 MAIDEN NAME OF MARY Choung 13 BIRTHPLACE	Contributory. (Secondary) (Secondary) (Signed) (Signe
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address) (Address)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 place of Burial or Removal Amely Cornelar 20 undertaker Address Address Welmusler





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin

injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purareran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3 LYLA



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

AGE should be stated EXACTLY.

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

N. B.—Every item CAUSE OF

1 PLACE OF DEATH
County Carroll
1/02

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. > 9

Village or City Olyman (No	St.; Ward) In death occurred in a hospital or institution,
FULL NAME Virginia Genev	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feerele Hite Single, Married Widowed Merried Or Divorced Or Divorced Or Write the word)	18 DATE OF DEATH July 1914 (Month) (Day (Year) W. 1 HEREBY GERTIFY. That I attended deceased from
8 DATE OF BIRTH October 1874, 1886. (Month) (Day (Year)	March 191 V to July 180, 1914, that I last saw hand allve on July 180, 1914
7 AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 3, 30 0, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	relemonery Seeber culosis, (Duration) Hyrs. Hmos tos
9 BIRTHPLACE (State or country) Maryland, 10 NAME OF FATHER Francis P. Lescallette	(Signed) Signed R. (Duration) yrs mos ds. (Signed) Signed R. Address) Detoup. M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER Juna Newric/ 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Maryland,	tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Tay den Haccic (Address) Toeyman, ML	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Cauche Surial Cauche Surial Cauche Surial
Filed Duly 18: , 1914 Grany alle S.J. Terf	20 UNDERFAKES ADDRESS MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S/No. 1.

S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers material worked ou may form part of the second should be taken to report specifically the occupations minc, etc. "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcasles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," Never report For vio-



S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

6693 1 PLACE OF DEATH



STATE OF MARYLAND

County	Coursell	CERTIFICATE	OF DEATH
/ Sounty		Registration	Dist. No.
Village	or City Near Harney (No	St.; W	ard) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX Tema	4 COLOR OR RACE MARRIED, Woodweed, Wildweed (Write the word)	(Month)	17 th 1914 (Day (Year)
6 DATE O	F BIRTH 20 , 1840 (Month) (Day (Year)	Dan 14 My 1914, to 9	ely / 7 M 1914
7 AGE	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date so	
particular	profession, or House-Wife il nature of Industry.	Carcinona	of Right
business, o which empl	or establishment in loyed (or employer)	Contributory Posses	- yr: 7 mos 3 1:
10 N	AME OF WILL THERE WILL TO AND THE MATTHER WILL THE MET	Secondary 5	1 - yrs - mos /4 ds.
SIN:	IRTHPLACE OF FATHER (State or country)	July 8, 1914 (Address) 70	new Town Md
PARENT 12 M	AIDEN NAME Judith Cornell	CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPI OR RECENT RESIDENTS)	r; and (2) whether Acciden-
0(State or country) Much wow bove is true to the best of My knowledge	At place In of death yrs mos ds. S Where was disease contracted,	the tate yrs, mos, ds
(Informa	int) Alzehana Stock	If not at place of death?————————————————————————————————————	
16	Iddress) Harney Sud	Janustown Sud	DATE OF BURIAL
Filed	My 10, 181 4 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3 1914
BURKANU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH County Carroll



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

Village or City Syflexille	(No Shre	nasteld	Stule	Alpha.	@_Ward)
		11	1	/	

fif death occurred in

• • • •	FULL NAME Joseph King	a hospital or iostitution, give its MAME lostead ot street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 23, 1914 (Month) (Day (Year)
6 D	September 15, 1873 (Month) (Day (Year)	that I last saw h Liss alive on July 23 , 1914.
TA	GE If LESS than 1 day,	and that death occurred on the date stated above, at 735 pm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus whi	OCCUPATION) Trade, professian, or riticular kind of work) General nature of Industry, slaess, or establishment in ich employed (or employer) IPTHPLACE (State or country) Many Land	Chronic Ergressine Chorea Mules (Ouration) yrs. mos. ds. Contributory Secondary
ARENTS	10 NAME OF FATHER John King 11 BIRTHPLACE OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER OF OF	(Signed) June 3 ds. (Signed) June 2 Hamilton M. 0. July 23, 191 4 (Address) July 23 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Actory Lynnyfull July, Hugh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place of death S. yrs. 1 mos. 2 ds. State State mos. ds Where was disease contracted, If not at place of death? Former or osual residence. Bullianure March
15 Fil	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRÉSS SULLANDO
	II more blanks are needed, address State Regist	tfar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal poritonitis," etc. ture of the American Medicai Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequeuecs (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal se cte,, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorphage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated uuless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor' for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



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WRITE

6695 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No Tif death occurred in ----Ward) a hospital or institution, give its NAME Instead of street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, James 1915 WIDOWED, (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atsted above, 1 day,....hrs. OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) --State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ State Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF BURIAL OR REMOVAL (Address).....

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulosis of lungs, meninges, peritonaeum, etc., Carcin-

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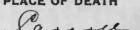
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WRITE PLAINLY, WITH UNFADING INK-THIS

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

6696

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Addie Virginia Link. of street and number.]					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 si	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR OLYORGEO (Write the Word)	16 DATE OF DEATH July 74, 191 (Month) (Day (Year)			
6 D	Month) (Day (Year)	that I last asw h let alive on Selly 23, 1914			
7 A	If LESS than t day,hrs. OR min. ?	and that death occurred on the date stated above, at			
(a)	CCUPATION) Frade, profession, or ricular kind of work) General nature of industry.	Mceratise les calités			
bus	chess, or establishment in Mone.	(Ouration) yrs mos 7 ds.			
- 131	(State or country) Masylace 10 NAME OF	Secondary (Buration)			
	FATHER Daniel Leick	(Signed) Thomas Decleration, M. D.			
ENTS	11 BIRTHPLACE OF FATHER (State or country) Masylana.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT			
	12 MAIDEN NAME OF MOTHER Laplia Nachter	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS,			
	13 BIRTHPLACE OF MOTHER (State or country) Many land.	At place of death & yrs. & mos. 24 ds. State yrs mos ds			
	(Informant) Sheepilas Records	Where was disease contracted, applace of death? Former or Bactemore Pely.			
16	(Address) Lykerwiel Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	ed 7/25 ,1914 W.W. Ritter	20 UNDERTAKER ADDRESS			

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

item E OF

N. B.—Every item CAUSE OF Important.





[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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	ECORD	HYSICIANS should state	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	STATE OF STA
ストのドストの	UNFADING IN	carefully supplied. o that it may be of certificate.	b v
MARGIN	PLAINLY, WITH	Every item of information should be carefully suit CAUSE OF DEATH in plain terms, so that it mis Important. See instructions on back of certificate.	PARENTS
7. S. No. 1.	WRITE	V. B.—Every item of Info GAUSE OF DEATI Important See Ins	16
-		4	-

PLACE OF DEATH 6697	19/ STATE OF MARYLAND
County Carroll 10	CERTIFICATE OF DEATH
1. 1	Registration Dist. No.
Village or City Weslmmletho.	St.; Ward) [If death occurred in a hospital or Institution.
1.	give its NAME lostead of street and number.
* FULL NAME Sumon Lacot	Lockard dumer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX, 4 COLOR OF RACE SINGLE, MARRIED MARRIED	16 DATE OF DEATH LILE 19
Mode WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
BDATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
May 1st 1895	flang 0, 1916, to flalle, 1916,
(Month) (Day) (Year)	that I last saw have alive on fully 17 ,1914
7 AGE If LESS than	and that death occurred on the date stated above, at mear Maone
9 yrs. 2 mos. 19 ds. ormio.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION . 1	English and of Wiss
(a) Frade, profession, or market achanish	This of Sastan about & Samonth
(b) General nature of Industry, business, or establishment in	The state of the s
which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country)	Contributory(Secondary)
10 NAME OF GAROUS	(Duration) yrs mos ds.
FATHER JOSEPH CO JOSEPHOND	(Signed) A This supplies , M. D.
O 11 BIRTHPLACE	July 21, 1914 (Address) Mer Huminster Cha
Z (State or country) Courto Co.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
OFFATHER (State or country) Corro Co.	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Party of to. m.	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(informant) Clarence C. Jackaro	If not at place of death?
hot by	usual residence
(Address) of solmmalis Pad.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16. O A 2 2ml Bd - Vallerida	P) When taken (ADDRESS ADDRESS
Filed W. 1914 (OMM) TO REGISTRAR	ADDRESS ADDRESS
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V S No. 1





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the diberable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerrat septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ___ (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state beath in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH

6698

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

[If death occurred in

	FULL NAME Elizabeth	a nospital of institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	enale Where opposer the word)	18 DATE OF DEATH Vely / 4 , 191 4 (Youth) (Day (Year)
	Month (Day (Year)	that I last saw h. et slive on Viely 16 , 1914
7 A	1t LESS fhan 1 day,hrs. or min. ?	and that desth occurred on the date stated above, at 12.10 Å m. The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Trade, protession, or ricular kind of work Social Markey.	Newle Delevier Maria
bus	General nature of Industry, ilness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Maryland	Contributory Called and Pulled and
RENTS	10 NAME OF FATHER Value M. Mariace. 11 BIRTHPLACE OF FATHER (State or country) Lakaced.	(Signed) (Boraflon) yrs mos ds.
¥d	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of death yrs. mos. Ld ds. State Greek most ds Where was disease contracted,
	(Interment) Nachital Records. (Address) Lepkeraele Res.	Former or usual residence Backers Med. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	Tocal REGISTRAR	Dallinson Cety July 1, 1914 20 UNDERTAKER ADDRESS Jas B Weer Millervil
-	If more blanks are needed, address State Regis	true & E. Franklin St. Balta Bassastin W. S. N.

V. S. No. 1.

N.B.—Every item of GAUSE OF I





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Deblilty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid—probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

VIIIage or City Palepsic (No. 2FULL NAME Levis C. Muss	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male which Single were (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
22 , 1 % 5 /	that I last saw hem alive on June 30 7, 1914, to June 30 7, 1914, that I last saw hem alive on June 30 7, 1914, and that death occurred on the date stated above, at 8 2 A m.
BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Inf. Rheumalism (Secondary) Loru (Duration) A yrs. of hours ds
10 NAME OF Sury Mummaugh 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Jas Hurley, M. D. 191 (Address) Jowbushung Ind *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Many Craton 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REBIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death?
(Address) Patipar'e a filed 15 Filed 191 If more blanks are needed, address State Regis trar, 6	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Civory Chaptel July 9, 191 Y 20 UNDERTAKER. LADDRESS E. Franklin St., Balton Requesting V. 8, No. 1





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-('oal it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the pisease gainfully employed, as At school or At home. Care (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purperal septichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acetsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nent neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can death), 29 ds.: Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1914
BUREAU, V.S.

S. No. 1.

V.

County Carroll 6700	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Luion Didy's (No.	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Whity (Write the word)	16 DATE OF DEATH Quely 17, 1914. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Tel 14", 1860 (Mouth) (Day) (Year)	that I last saw h. Es allve on July 16
7 AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at /220 P. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Enlargement Declusion Tife ducts (Duration) yrs. mos. ds.
which employed (or employer) BERTHPLACE (State or country) Manufacua	Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF Samuel (Epp	(Signed) Jak. Walt, M. D.
Y 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER 13 BIRTHPLACE OF MOTHER: (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place in the ot death yrs,
(Interment) Selik (Interment)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Church Stidge Mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 26 AND DERTAKER ADDRESS ADDRESS
Filed 191 191 191 REGISTRAR	transformer ruin Bredg
If more blanks are needed, address State Regis rar, 6 E	C. Franklin St. Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

"Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing disease of death—Name, first, the disease causing disease in the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or ample: Measles (disease causing valvular heart disease; Ohronio interstitial mephritis oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 dx.; "Exhaustion," Never report Examples: For vio-



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. þe should properly AGE INK supplied. pe UNFADING may certificate. that It 90 10 WITH DEATH in plain terms, should Information WRITE 50

state Very

1 PLACE OF DEATH County FULL NAME 5 SINGLE, COLOR OR RACE MARRIED HA WIDOWED,

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

CERTIFICATE Registration			TH 6
St.;W	(ard)	a hospii give its	eath occurred in lai or iostitutioo, NAME iostead t and oomber.]
MEDICAL CERTIFICA	TE OF	DEATH	
DEATH July)	2 (Day	, 1914 (Year)
I HEREBY CERTIFY.	That I a	ttanded d	ecessed from
OF DEATH* was as folio	ws:		
lu many 20 (Duration)	yrs	mosds

	***********			15		mos	ds.
(Signed)	18	hu	41	tru	1		M. D.
July	3, 191.4	(Address)	0.	nes	Trees	wixt	las

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

At place of death yrs mos	de	lo the	Wee		ļ
Where was disease contracted, If not at place of death?	us.	State	J15,	mos	a

If not	at	placa	ot	death?	
Forme	r	r			

19 7	ACE) F	BURIAL	OR	REMO	VA
X		1	MINO	-	-	

	July for
10	ADDRESS
M	2.1.2

PATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

on back ARENTS See Instructions Every item CAUSE OF Important. 16

PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that dast 1 dayhrs. The CAUSE (OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) day e. etg. 9 BIRTHPLACE (State or country) Contribute Secondary 10 NAME OF FATHER BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO MY KNOWLEDGE (intormant) usual residence. wimmerer My (Address) 20 ON DERTAKER REGISTRAR

No. 02

ż



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

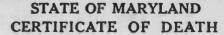
RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

County.

6702



Vit		Registration Dist. No. [If death occurred in a hospital or institution, give its NAME lestead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	eccale Chele Single, Married, Wisowed, Orbivered (Write the word)	16 DATE OF DEATH Left 23, 1914 (Month) (Day (Year) 17 hEREBY CERTIFY, That attended deceased from
6 D	(Month) (Day (Year)	that I last saw her alive on July 23, 1914,
7 A	GE If LESS than 1 day,	and that death occurred on the date stated above, at 12.20 Pm. The CAUSE OF DEATH+ was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or criticular kind of work) General nature of indostry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Peessea 10 NAME OF FATHER Lluckurown.	Contributory Pulnusary Secondary Lencoplage (Duration) yrs mos Zds. (Signed) Sloar Dexbrad, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or country) Rueskia THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daughlus Mrs. Villius Freek	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the (about) of death yrs. mos. B ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Common Backwish Peters Usual residence. Backwish Peters
16	(Address) 18,4 Factorian les Beels led 7/23 1914 W.W.Ritter REGISTRAR If more blanks are needed, address State Regist	19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL POLICIONE CLA FELLY 24, 1914 20 UN DERTAKER ADDRESS PROPRINT SE PROPRINT SE POLICE PROPRINT SE PROPRI

V. S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

· material worked on may form part of the second fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report



PERMANENT UNFADING

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Item

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Filed.

OCCUPATION proper may back terms, Instructions plai 5 DEATH OF Important. CAUSE

PHYSICIANS

RECORD

1 PLACE OF DEATH TE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

.....Ward)

Ilf death occurred to a hospital or institution, give its NAME instead

ADORESS

of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day OROIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 1853 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which amployed (or amployer) Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health

CAUSINO NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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3 51	hale	4 COLOR OR I	TAGE	SINGLE, MARRIED, WIDOWED, ORDIVORCE Write the WOL	igle
6 D	ATE OF BIRT	H 77	lay	7	, 1/9.9
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PARENTS (9)	Trade, profession Tricular kind of w General nature of ness, or estable ch employed (or RTHPLACE tate or countr 10 NAME OF FATHER 11 BIRTHPL (State or of 12 MAIDEN OF MOTH	ork	hon arr h thu.	Suys vel J. The LE C	Co kenge

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registered	No. 0/
ng des	St;Ward)	[If death occurred in a hospital or institution give its NAME instead of street and number.]
MEDICA	L CERTIFICATE OF DE	EATH
16 DATE OF DEATH	July (Month)	27, 1914 (Day) (Year)
that I last saw h wood	6 11	
U	on the date stated abou	
With .	spann	2
Contributory (Secondary)	(Ouration)yr	smosds. smosds.
(Signed)	J. St. Le	Bidge .
State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOM	CAUSING DEATH, or, in deans of injury; and (2)	whether Acciden-
	NCE (FOR HOSPITALS, INST	
Where was disease contracted, if not at place of death?		
if not at place of death?		TE OF BURIAL





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not minc, etc. it should be used only when needed. material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Sulesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted them and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrimic cer" is less definite; avoid use of "Tumor" for mally LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic Interstitial nephritla oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Carroll 6705	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 74
Village of City Eldersburg (No	St; Ward) [If death occurred in a hospitat or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July (Youth) (Day) (Year)
TAGE Control of Birth Control of Control o	that I last saw h Law alive on July 7, 1914 and that death occurred on the date stated above, at 2. P. m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) GNACHARD OR. MIN.? BOOK - Reefict Brook - Reefict Co.	Dealites 9 Belletus (Duration) 2 yrs 6 mos 65. Contributory Disabile Coma (Secondary)
10 NAME OF FATHER John W. Sleele 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAME	(Signed) — yrs — mos ds. (Signe
of Mother Emma Relies 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Eldershung	Where was disease contracted, If not at place of death? Former or usual residence. 1.9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7/9 181 4 W.W. Petter Zucal Régistran If more blanks are needed, address State Revistra	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

trar, o E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the DISEASE fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: (g)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. childbirth or miscarriage, as "Pursperal septiehar. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "lleart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be CAUSE OF DEATH in plain terms. s

V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 74

fif death occurred is

FULL NAME Bernard Terry	give its NAME iostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale 2thit Single, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH July 24, 1914 (Mowth) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH Month (Day (Year)	July 1 1913, to July 24 1914, that I last saw h has alive on July 23 1914
7 AGE If LESS than 1 day, hra. OR min.?	and that death occurred on the date stated above, at 12 5 cm. The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishmoot in which amployed (or omployer) BIRTHPLACE (State or country)	Cardine Dilutation (Buration) /3 hrs. (Buration) /3 hrs. Contributory General Panalysis of Inscense Secondary
10 NAME OF FATHER Historian	(Signed) Character D Humilton, N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unhnown	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTAL OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Zunhuvur	at place of death yrs mos ds. Stateyrs ds.
(Interment) Court Communication Bulto Co. (Address) (Address)	Where was disease contracted, If not at place of death? Former or USUAL residence. DATE OF BURIAL PLACE OF BURIAL ON REMOVAL ADDRESS.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pucumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Fuerperal peritonitis," etc. State cause for genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Padletarad	No. 75
Registered	No

Mondi

Ul death occurred in

mary 31, ward)	a hospital or institution, give its NAME instead of street and number.}
MEDICAL CERTIFICATE OF D	EATH
16 DATE OF DEATHBULLY 18.	101 4
(Month)	(Day) (Year)
July 9 1914, to July that I last and her alive on Due	snded deceased from
and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ve, at 6 P. m.
(Signed) M. Co. Deed 1/87, 191 4. (Address) Gledin	Rocks
*State the DISBASE CAUSING DEATH, or, in de Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	eaths from VIOLENT whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS. INST OR RECENT RESIDENTS) At place 10 the of death yrs mos ds, State) Where was disease contracted, If not at place of death?	
Former or usual residence	TE OF DUDIA

bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



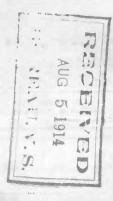


[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupahave no occupation whatever, write None. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples:

CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlosis of lungs, meninges, peritonacum, etc.. Carcinlosis

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichae mus," "Old Age," "Shock," "Traemia," "Weakness," cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples: For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. mun Bredge [If death occurred in Ward) a hospital or Institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) OROIVORCEO (Write the word) S DATE OF BIRTH classified. (Day) (Year) (Month) 7 AGE If LESS than 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. be business, or establishment in may which employed (or employer) Contributory..... certificata. BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER of back 11 BIRTHPLACE terms. ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) of death yrs. mos. ds. DEATH State yrs. mos. ds. Where was disease contracted. If not at place of death? See Former or CAUSE OF Important. S usual residence DATE OF BURIAL (Address) ADDRESS 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senlie," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-



PHYSICIANS should state of OCCUPATION is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 6709
County Carrull



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Hampstead (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH July 8 ,1914 (Year)
6 DATE OF BIRTH Gugust 25 , 1844 (Month) (Day (Year)	that I last saw him alive on Quely \$,1914.
69 10 mos 13 ds. OR min.?	and that desth occurred on the date stated above, at 1 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Opporalists follower (Duration) 2 yrs mos ds.
10 NAME OF FATHER And Wished	Contributory & Pears & accuracy Secondary (Duration) yrs mos ds. (Signed) R. C. Wells M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) UNKNOWN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cally & Typion (Address) Dearnfried Med 16 Flied rely 9, 1914 Med abban REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Adamstead Med 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

CAUSE OF Important. S

N. B.





[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Namé, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3



